

MONROE COUNTY HEALTH DEPARTMENT

APPLICATION FOR FOOD WORKER CERTIFICATION REGISTRY (RECIPROCITY)

PLEASE PRINT

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME & MIDDLE INITIAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER AND STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY, STATE ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME TELEPHONE NUMBER

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

PLACE OF FOOD SERVICE EMPLOYMENT_____

POSITION HELD_____

NAME OF FOOD TRAINING COURSE PREVIOUSLY
ATTENDED_____

DATE OF ATTENDANCE: MONTH____ YEAR____

CERTIFICATE EXPIRATION DATE_____

PLEASE ATTACH A COPY OF YOUR PRESENT CERTIFICATE .

APPLICANT'S SIGNATURE_____DATE_____

THE REGISTRY FEE IS \$20.00. PAYABLE WITH SUBMISSION OF THIS APPLICATION.
PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, PLEASE SEND FORM, CERTIFICATE COPY AND CHECK TO:

MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692

Information phone: **274-6869**

If applying in person, bring form, copy of certificate, and check to: Room 1020 at the above address .

MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR FOOD WORKER CERTIFICATION TRAINING COURSE

PLEASE PRINT
LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME & MIDDLE INITIAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER AND STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY, STATE & ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DAYTIME TELEPHONE NUMBER

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

PLACE OF FOOD SERVICE EMPLOYMENT_____

POSITION HELD_____

REASON FOR TAKING COURSE:

NEW OPERATOR_____ TEMPORARY EVENT OPERATOR_____ MOBILE/PUSH CART OPERATOR_____

ENFORCEMENT ACTION_____ OTHER_____

THE COURSE INSTRUCTION IS GIVEN OVER TWO DAYS (APPROX. 3 HOURS EACH DAY)
PLEASE CALL 274-6869 FOR CLASS SCHEDULE. Please notify us, when scheduling, if you have difficulty reading or writing the English language.

APPLICANT'S SIGNATURE_____

DATE_____

THE COURSE FEE IS **\$85.00** PAYABLE BY CASH, CHECK OR MONEY ORDER WITH SUBMISSION OF THIS APPLICATION. IF PAYING BY CASH, PLEASE HAVE CORRECT CHANGE. NO CREDIT CARDS ACCEPTED.

PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, send form and check to: MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692